



Waive Coverage Form

Consistent with applicable union contract language, my spouse or parent has enrolled me on his/her medical coverage. Please provide the information for the state employee waiving employee only coverage.

Name: _____ State ID: _____

Please provide the information for the state employee electing to carry you on his/her coverage. If you are waiving family coverage, you must be sure to enroll each individual under the employee named below.

Name: _____ State ID: _____

Relationship: _____ Spouse _____ Parent

Waiving insurance coverage and enrolling under another employee's insurance coverage is only allowed during annual open enrollment, a change in job status, or due to a qualifying life event. SEGIP must be notified in writing of such changes within 30 days of the date coverage begins: <http://mn.gov/mmb/segip/>

Employees are required to verify eligibility of a spouse or dependents by responding to a follow-up letter; "Required Documentation for Proof of Eligibility". The letter will be mailed to you by MMB/SEGIP. The employee carrying the family coverage must provide proof of eligibility as described in this letter. The required document(s) must be received at SEGIP by the due date stated in the letter.

If documents are not received by the due date coverage for the employee waiving coverage will revert to employee only coverage and coverage for dependents will be cancelled with no further opportunity to enroll except as defined by federal, state and plan guidelines: <http://mn.gov/mmb/segip/>

Employee's Signature

Date

The employee choosing to waive coverage and enroll under the coverage of a spouse or parent must complete and return this form to SEGIP by **midnight on December 15, 2014**. Forms should be faxed to SEGIP at 651-296-5445 or scanned and emailed to segip.mmb@state.mn.us. Employees must retain confirmation of sent items for their records. Please refer to the FAQ's <http://mn.gov/mmb/segip/open-enrollment/> or call SEGIP at 651-355-0100 if you have questions or need other information.